ANNUAL REPORT

for the fiscal year
ending March 31, 1987

Nova Scotia Commission on Drug Dependency

The Honourable Ronald S. Russell, C.D.
Minister in Charge of the Administration
of the Drug Dependency Act
Province of Nova Scotia

It is my privilege and honour to present to you the Annual Report of the Nova Scotia Commission on Drug Dependency for the year ending March 31, 1987.

Each passing year the stature of the Commission increases, and because of the Commission's many diverse programs, each year there has also been increasing public awareness of our services. Such awareness by the citizens of Nova Scotia also leads to a greater demand for services. During the past year, more than 6,000 persons sought the aid of the Commission in dealing with their drug dependency.

The Commission notes a substantial increase in the number of young people and women seeking the Commission's help. It is encouraging to see more willingness among them to seek help, but places a further demand on already overextended staff to respond fully to these two very special target groups.

It is obvious to the Commission that medium- and long-range planning for new facilities are paramount requirements. We are taxing to the extreme our existing space, and the Commission is acutely aware that more adequate facilities must be developed to enhance our delivery of service.

On behalf of the Commission and the hundreds of Nova Scotians who volunteer thousands of hours of their time and energy to the work of helping the "still suffering" members of our society, we thank you for your support and encourage both continued and increasing investment. It is our belief that money invested in both the prevention and recovery of the drug-dependent person is an investment in the good health of all Nova Scotians.

With the continued support of government, we know we will continue to make a positive impact on the lives of all Nova Scotians.

Respectfully yours,

Les Stoodley, Chairperson

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Nova Scotia Commission on Drug Dependency

Les Stoodley Halifax	Chairperson
Jean Gray, M.D., F.R.C.T.(C) Halifax	Vice-Chairperson
Kenneth C. Smith, M.Sc. Truro	
Edwin G. Belzer, Ph.D. Halifax	
Fr. Vern Boutilier, A.C.S.W. Sydney	
Fr. John Graham, B.A. Reserve Mines	
Jack Phinney Middleton	
David Waterbury, Q.C. Kentville	
Neville Robinson, M.D. Dartmouth	
Sandra Noah Yarmouth	
James Magee Halifax	
Earle Reid, M.D. Halifax	
William Ross Taylor Halifax	

Nova Scotia Commission on Drug Dependency Staff

Marvin M. Burke, R.S.W.
Executive Director

Brian Wilbur, M.Ed.
Coordinator, Prevention and Community Education

Edward T. Fitzpatrick, B.A.
Coordinator, Employee Assistance Programs

Brigitte Neumann, M.A.
Coordinator, Documentation, Evaluation and Research

Gregory Johnstone, M.Sc.
Supervisor, Pharmacology Programs

Eleanor Cardoza, B.A.
Supervisor, Training Programs

Kevin MacPherson, M.A., B.S.Th.
Public Information Officer

Coordinator, School Services

Nancy Comeau, M.Ed.
Representative, School Services

Patricia MacNeil-Maxwell, B.A.
Librarian

Zane O'Brien, B.Comm.
Manager, Administrative Services

Administrative and Office Staff

Nancy Denney, Personnel Technician
Nancy Flam, Accounting Control Officer
Pearl Horne, Claims Clerk
Barbara Walker, General Office Clerk
Valerie Tingley
Darcell Cromwell
Susan Simpson

Tanga Roche
Jean Hood

Cape Breton Regional Advisory Board Members

Fr. John Graham, B.A.
Reserve Mines — Chairperson

Rev. Mel Findlay
Sydney — Vice-Chairperson

Fr. John Webb, M.S.W.
Sydney

Mr. Jack Hicks
St. Peters

Rev. Duncan Roach
New Waterford

Fr. Hugh D. MacDonald
Arichat

Dr. Ken Murray
Neils Harbour

Mr. Napoleon Chiasson
Cheticamp

Mrs. Mary MacIsaac
North Sydney

Mrs. Kathleen MacLeod
Baddeck

Mr. Sheldon Brown
Glace Bay

Mr. Herb Stevens
Glace Bay

Mrs. Georgina MacDonald
Port Hawkesbury

Dr. William Chernin
Glace Bay

Dr. Kenneth Bryson
Sydney

Mrs. Viola MacNeil
Inverness

Mr. Robert Winship
Sydney Mines

Mr. Daniel Hannem
Louisbourg

Mr. John MacIntosh
Glace Bay

Mr. Malcolm Marsh
Glace Bay

Mr. Joseph H. Denny
Eskasoni

Cape Breton Regional Staff

Wayne M. Yorke, M.A., C.A.G.S.
Regional Coordinator

Claire Nyiti, M.S.W.
Manager of Treatment Services

Stan MacDougall, M.S.W.
Field Representative, Employee Assistance Program

Kathy Hartigan, B.Ed., M.Sc.
Field Representative, Human Resources

Ruth Harvey Morrison, B.Sc.
Research Assistant

Jack Coffey, C.I.M., B.B.A.
Office Manager, Accountant

Administrative and Office Staff

Secretaries:
Helen Lothier
Michelle Dockrill
Isabel MacPherson, Stores Supervisor/Accounting Clerk
Debbie Odell, Medical Records

Detoxification Unit

Nurses:
Dorothy Morrison, Head Nurse
Clara Hillier
Geralda Corbett
Beatrice MacRury
Leona Hickey
Kathleen MacNiel
Frances MacIsaac

Relief Nurses:
Margaret Wiseman
Ann Marie MacKinnon
Kathy Peters

Counsellor Attendants:
Brian Brewer
Stephen MacKinnon
Kevin Parsons
Joseph Smith
Arthur Jackson

Relief Counsellor Attendants:
Erwin Best
Kenneth Lothier
William Scott
John Yipp

Ward Clerk:
Victoria Radzikowski

Dietary:
Eileen Boutilier
Rita Bates
Eileen Lyle
Shirley Fraser
Myrtle MacGillivary
Philip Cogswell

Housekeeping:
Jean Matheson
Rosslyn Muise
Gerrine Wrathall
Trudy Waye

Maintenance:
Owen Hedd
Robert Chase

Outpatient Department

Clinical Therapists:
Meliton MacNeil
Garth Nathanson

Community Health Workers:
Russell Aucoin
Donald MacNeil

Garnet Marsh
Emily MacKenzie
Allister MacKinnon
Bert Doucette

Residential Rehabilitation Program

Clinical Therapist:
Eileen MacNeil, M.S.W.

Nurse/Counsellor:
Irene Pierrynowski, R.N.

Counsellor/Attendant:
Alexander MacDonald

Halfway House

Manager:
Gerry Carew

Counsellor Attendants:
Earl Budden
George Parsons
Kevin McNamara

Talbot House

Director:
Rev. Bernard MacDonald

Clinical Therapist
Nancy Beaton, B.A.

Nurse:
Jane Murphy, R.N.

Counsellor Attendants:
David MacInnis
Daniel Currie

Life Skills Counsellor:
Sally Graham

Cook:
Kay Gouthro

North Shore Regional Advisory Board Members

Mr. Ken Smith, M.Sc.
Belmont — Chairperson

Mr. David Mason
Truro — Vice-Chairperson

Mr. Stillman Smith, B.Ed.
Antigonish

Mr. Stan Chisholm
Stellarton

Fr. Kyte Gillis, B.Ed., S.T.B.
Pictou

Dr. Robert Cooper, M.D., C.M.
Pictou

Mr. James W. Gilbert
Springhill

Mr. Gary Copeland
Springhill

Ms. Farida Blacklock
River John

Mr. Grant Forbes
Trenton

Ms. Katherine Williams. R.N., C.H.N.
Guysborough

Mr. Raymond J. MacKinnon, B.Ed.
Antigonish

North Shore Regional Staff

Donald J. MacDonald, M.A.
Regional Coordinator

Robert MacDonald, M.S.W.
Manager, Treatment Services

Suzanne Taylor, B.Sc. (HE)
Field Representative

Gordon Thompson
Accountant/Office Manager

Cheryl Campbell, B.A.
Research Assistant

Elizabeth Wilsack, R.N.
Head Nurse

Primary Care Services

Nurse Rehabilitation Counsellors:
Alberta Dunbar
Helen McLeod
Joan MacDonald-Paquet
Jo-Lynn Murray

Counsellor Attendants:
Olive Hendrican, C.N.A.
G. William Morrell
Sharon Woodworth
Anthony Law
Gary Tobacco

Administrative and Office Staff

Clerical:
Marie Sweet, Secretary
Margaret Stacey, Stenographer
Gail MacDonald, Ward Clerk

Dietary:
Denise MacDonald
Juliette Marks
Isabelle Green

Housekeeping:
Mildred Bourgeois
Eva MacKaracher

Maintenance:
Donald MacAulay
Roderick MacIsaac

Outpatient Centres

Ann MacLean, M.S.W.
Clinical Therapist, Pictou/New Glasgow

Richard Whitaker, M.Sc.
Clinical Therapist, Pictou/New Glasgow

Purvis Cameron
Community Health Worker, Pictou/New Glasgow

Baxter Steeves
Community Health Worker, Pictou/New Glasgow

Frank Moeller, M.C.A.
Clinical Therapist, Truro

George MacPherson
Community Health Worker, Truro

Stena Cook
Secretary, Truro

Nelda Armour, M.S.W.
Clinical Therapist, Antigonish

Walter MacMillan
Community Health Worker, Antigonish

Delia MacChesney
Secretary, Antigonish

Donald S. Coombes, B.A.
Clinical Therapist, Amherst

Herbert Phillips
Community Health Worker, Amherst

Edith Cole
Secretary, Amherst

Metropolitan/Lunenburg Regional Advisory Board Members

James Magee Halifax	Chairperson
Neville Robinson, M.D. Dartmouth	Vice-Chairperson and Chairperson, Treatment Standards Committee
Sam Waye Head of Jeddore	Chairperson, Education Committee
Hope Beanlands, R.N., B.N. Halifax	
Cyril Sampson Halifax	
Alf Nielsen Head of Chezzetcook	
Sarah Neish Dartmouth	
Heather Weld, B.Ed. Halifax	
Barbara Prime Walker Halifax	
Martin Cummings Dartmouth	
Orest Ulan, B.A. Halifax	
Trudy Johnson Lunenburg County	
Barbara Lavigueur Enfield	
Rev. Dennis Andrews Halifax	

Kenneth Paul
Halifax

Metropolitan/Lunenburg Regional Staff

R. Joseph Power, M.S.W.
Regional Coordinator

Tom Payette, M.S.W.
Casework Supervisor

David MacDonald, B.A.
Research Assistant

Annette Chipman, R.N.
Head Nurse

Lloyd Stone
Outpatient Department

Samuel Rendell
Program Administrative Officer

Chris Cassell
Accountant/Office Manager

Heather Farwell, R.N.
Treatment Orientation Program (5-Day)

Karl Hall, B.S.W.
Residential Rehabilitation Program (28-Day)

Primary Care Services

Nurse Rehabilitation Counsellors:
Kathy Philip
Catherine Day
Bernice MacNeil
Jeanette Tobin
Theresa LeBlanc
Roberta Hayes
Colleen Phillips

Counsellor-Attendants:
Donald Smith
Thomas Baker

Blair Gallant
Ronald Tobiin
Lester Fillatre
Dorothy MacDonald
Heather Jamieson
George Munroe
Florence D'Eon
Stephen Pringle

Administrative and Office Staff

Clerical:
Connie Cogan, Secretary
Joy Gerhardt, Receptionist/Typist
Margaret Warnell, O.T. Assistant
Joan Swinimer, Ward Clerk

Housekeeping:
Myrtle MacPherson
Frances Baylis
Dorothy Langille
Ann Kane

Outpatient Centres

Sandy Anderson
Community Health Worker, Dartmouth

Bariff Williams
Assistant Head Nurse/Rehab. Counsellor, Dartmouth

Emilia Burchell, B.S.W.
Clinical Therapist, Halifax

Jeannette Dwyer, M.S.W.
Clinical Therapist, Halifax

Lynda MacKenzie
Secretary, Halifax

Carmel Jessome, R.N.
Assistant Head Nurse, Sackville

Paul Cashman
Clinical Therapist, Bridgewater

Margaret Kaulback
Secretary, Bridgewater

Gerry Matlin
Community Health Worker, Musquodoboit

Walter Perkins
Community Health Worker, Sheet Harbour

Gordon Power
Clinical Therapist, Spryfield

Tim Walker
Clinical Therapist, Musquodoboit

Valley Health Services Association
Crosbie Centre Advisory Council

Lloyd Murray — Chairperson
Centreville

David Waterbury — Vice-Chairperson
Kentville

Lydia Sorflaten
Bridgetown

John Thompson
Middleton

Rev. Harold Cox
Middleton

Jack Phinney
Middleton

Alan DeWolfe
Berwick

Dr. James Rafferty
Kentville

Rev. Neil Price
Wolfville

Peter Mosher
Wolfville

Dr. George Kenny
Windsor

Jim Keith
Berwick

Edna Moran
New Minas

Crosbie Centre Staff

Gaston d'Entremont
Regional Coordinator

Ann Lewis
Coordinator of Education & Health Promotion

Evelyn Bull
Family Therapist

Brian Hernon
After Care Coordinator

Detoxification Services

Gayle Wilson, Unit Coordinator
Joan McLean, Staff Nurse

Counsellor Attendants:
Robert Reid
Linus Constantine
Verna Hammond
Reginald Brown
Richard Stevens

Crosbie House (28-Day Program)
David MacDonald, Counsellor
George Libby, Counsellor
Ross King, Night Attendant

Office Staff
Debbie MacInnis
Edith Crocker

After Care Services
Iva Gale
Community Health Worker, Middleton

Keith Mattinson
Community Health Worker, Windsor

Western Regional Advisory Board Members

F. James MacLeod, B.Sc. — Chairperson
Yarmouth

Sandra Noah, R.N. — Vice-Chairperson
Salmon River

J. Gerard MacEachern, B. Comm.
Yarmouth

Roland Muise, M.D.
Yarmouth

Alexander E. McCabe
Shelburne

Rev. Leger Comeau, B.A., L.Th., L.Ph.
Church Point

Father Leo Maillet, B.A., B.Th.
Wedgeport

Rev. George Bell, B.Th., S.D.
Smith's Cove

Georgina McLaughlin, M.Ed.
Yarmouth

Victor LeBlanc, B.Ed.
Clare

David Gardner, D.D.S.
Liverpool

Western Regional Staff

David Cassidy, M.S.W.
Regional Coordinator

Daniel Meunier, B.A., S.T.M.
Field Representative

Suzanne Babin-Muise, B.S.W.
Clinical Therapist

Marla Wood
Secretary

Janine Doucette
Stenographer

Outpatient Centres

Rosemary Kuhn, M.A.
Clinical Therapist, Liverpool

Carolyn Howard
Community Health Worker, Liverpool

Dawn Harrington
Secretary, Liverpool

Mairo Villarroel, M.A.
Clinical Therapist, Digby

Blanche Keats
Community Health Worker, Dibgy

Fred MacDonald
Community Health Worker, Shelburne

Ken Thibeau
Community Health Worker

Local Committees

Local committees function as groups in association with regional boards and, thus, with the Commission in delivering education and prevention programs at local levels.

These committees represent towns, villages and areas within regions. In effect, they are the very foundation on which the Commission's regional program development is based. Local committees identify community needs and advocate programs to meet those needs, using ongoing funding from regional boards for local education and prevention programs. Also, each has on hand literature and information for distribution within its area. Some 400-500 citizens are now members of local committees and give thousands of hours of volunteer time to the provincial program on drug dependency.

Local committees are found in the following locations:

Cape Breton Region

Arichat
Baddeck
Cheticamp
Glace Bay
Inverness
Louisbourg
New Waterford
North of Smokey
North Sydney
Port Hawkesbury
Port Hood/Judique
St. Peters
Sydney
Sydney Mines

North Shore Region

Amherst
Antigonish
Canso
Guysborough
Pictou
Sherbrooke

Springhill
Stewiacke/Shubenacadie
Truro
Westville

Metropolitan/Lunenburg Region

Bridgewater
East Hants
Eastern Shore

Western Region

Argyle
Barrington
Clare
Digby
Lockeport
Queens
Shelburne
Yarmouth

An Overview Of 1986–87

Message from the Executive Director

During 1986–87, the Nova Scotia Commission on Drug Dependency prepared to field test the results of a two-year sub-committee effort in the development of an adolescent treatment and rehabilitation program. The sub-committee, chaired by the executive director and including staff representing therapeutic, training and education skills, completed a program design that would offer day program treatment and rehabilitation to young people ranging from 12 to 18 years of age. The field test was planned to be implemented in cooperation with the young offender's program operated by the Corrections Division of the Department of the Attorney General and was to be offered over a three-month period. Thereafter it was to be formally evaluated by personnel from both the Department of the Attorney General and the Commission.

The program design that gave general direction to the treatment and rehabilitation focus was supplemented by modules developed by the sub-committee, which highlighted the specific content to be used in the program for both adolescents and their families. Once the field test was evaluated, it was hoped that necessary modifications might be made to the program design to allow a pilot program to be implemented in the metropolitan area. The major focus of the program is on a day basis and includes both treatment and rehabilitation, as well as continuing education. It also requires the parents to participate in therapy and education.

Working with young people in specialized programs is not the only new area for which the Commission has begun planning. The matter of special services for women was also considered, and a Women's Committee was formed to review women's needs in programming and make recommendations for program development. One direction that has come from the work of this committee and to which the Commission is committed is the development of a women's resource team and a women's resource centre. The resource team would comprise Commission staff throughout the province who would be trained to work with women and who would then train people working in the regional program so they too would have these special skills. The impetus for training and development would come from a proactive resource centre established within the Commission's library system. The centre would have its own mandate to present ongoing seminars and workshops, as well as to develop and distribute resource materials. Once this key team and centre concept has been developed, the Commission intends to begin offering a residential rehabilitation program to test out the potential

clientele and response from the community.

Throughout 1986–87, the Commission also has been reviewing the status of its various facilities. Having existed, in some cases for 16 years, in facilities that were often second hand at best, the Commission recognizes the need for a capital program to renovate and expand certain key facilities in the province. Of first priority is the facility in Cape Breton, which requires both renovation and expansion. Beyond that, the centre in Metro/Lunenburg Region, now located on the grounds of the Nova Scotia Hospital should, as soon as possible, be expanded and transferred from those grounds to a centre closer to a hospital setting in Halifax, where it would have access to the services of residents, interns and other specialists, in health care and community services.

During 1986–87, the Commission's Community Education and School Education programs continued to be maintained and expanded, with 19 out of 22 school boards actively involved in one aspect or another of the Peer Education Program offered by the Commission. Beyond this, those who had participated in peer education programs at the outset six years ago are now communicating to the Commission their interest in continuing to work along with the Commission at their universities. This kind of a longer term response on the part of those who have participated in the Peer Education Program bodes well for the future of both the young people who act as peer educators and those who benefit from the peer education programs.

During 1986–87, the executive director participated as a member of the Federal/Provincial Advisory Committee on Addictions in the development of the National Drug Strategy framework paper. He also participated in both the National Impaired Driving Program and in negotiations to expand the Vocational Rehabilitation of Disabled Persons Agreement under which the Commission receives from Ottawa recoveries for money spent by the Province.

Overall then, 1986–87 was a busy year. All aspects of the Commission's programs made strides in both expansion and substance, and activities at all levels continue to increase, both with new people participating in programs throughout the province and with new program ideas being developed by both local communities and personnel. A major priority then in the coming years will be the implementation of a program for the treatment and rehabilitation of young people, the implementation of the women's resource team and centre and working towards renovating and expanding facilities throughout the province.

The peer education program will continue to expand, with additional efforts being made to involve parents in similar kinds of peer education experiences.

Employee Assistance Program Division

Nova Scotia Power Corporation

During a presentation to senior supervisors held at the Nova Scotia Power Corporation's Training Division in Halifax, a video tape of the program by the coordinator of the Employee Assistance Program Division was made by staff of the Nova Scotia Power Training Department and the Department of Education. In the 36-minute video the coordinator describes the roles of the various key people at the worksite who might be involved if an employee assistance program is going to be successfully introduced into a company. The tape shows the responsibilities of these key employees. The roles of the supervisor, the union, the assessment referral person and, of course, the employee, are explained. The tape also describes what happens when an employee is referred to a treatment centre.

The supervisors who attended the seminar received hands-on information about their responsibility to identify and document an employee's performance. Once a performance failure was identified and if, after corrective interviews were held, performance did not return to an acceptable level, the supervisors were told that the employee they were counselling probably had a personal problem that needed to be addressed.

The tape describes the various financial, marital, personal or vocational problems that can affect an employee's life, along with the major problems of alcohol or drug dependency, and outlines what services are available in the community to assist these employees. The video is being used by the Nova Scotia Power Corporation's Training Division in the workshops it holds across the province for supervisors and managers. It is hoped that, as a result of this presentation, personnel at the Corporation will revise completely their present procedures for dealing with troubled employees.

Police Association of Nova Scotia

Meetings were held throughout the year with members of the executive of the Nova Scotia Police Association regarding establishing Employee Assistance Programs across the province for their members. These meetings will continue in 1987 and, as a result, most municipal police forces in Nova Scotia are expected to eventually have Employee Assistance Programs. The Police Association of Nova Scotia wishes its members to be covered by a comprehensive employee assistance-type pro-

gram to ensure that its members receive help for stress-induced illnesses, marital problems, financial problems and problems of alcohol or drug misuse.

The executive of the Police Association is defining the various geographic regions in the province in which its members are located, in each of these identified regions there eventually will be a specialist who can assess the member's problem. Then the officer can be referred to an appropriate community agency for whatever assistance is needed.

Island Telephone Company

The provincial coordinator of the Employee Assistance Program Division of the Commission was given permission to assist the Island Telephone Company in Prince Edward Island in its campaign on Drugs and Alcohol and How They Affect Driving and Work Performance. This program was a follow-up to the major seminars conducted in Nova Scotia for the Maritime Telegraph and Telephone Company. Officials of the Island Telephone Company were very pleased with the seminars that were held. At these seminars, the Supervisor of Medical Services for the Maritime Telegraph and Telephone Company in Nova Scotia played a prominent role in the presentations.

Drug Testing

To date there has been no demand on the Commission for assistance in setting up drug testing programs for employees in industry in Nova Scotia. It appears that the problem is being handled here through the Employee Assistance Program approach. That approach recognizes that problems with chemicals are complex, and although the signs and symptoms of drug abuse will occasionally be obvious, monitoring job performance is still the best approach for dealing with the misuse of drugs in the workforce.

In the months ahead an increase in the amount of drugs being used by employees in business and industry could require some sort of drug testing program to be set up. In such situations the Commission is prepared to assist business, industry and labour in setting up the necessary procedures for initiating drug testing programs.

Private Consultants

During last year there has been an increase in the number of private

consultants offering Employee Assistance Program services to business and industry. This is a good development for the Employee Assistance Program field in Nova Scotia and will provide a greater depth of programming. These private consultants are well qualified and offer other related programs as well, such as employee health risk appraisals, exercise counselling, stress management seminars and wellness in the workplace programs.

The coordinator and other staff of the Employee Assistance Program Division have regular contacts with most of these private consultants and assist them in referral procedures regarding the use of the Commission's facilities. Also, Commission staff particularly assist out-of-province consultants in the proper use of other community resources required in dealing with troubled employees.

Division staff are being called on more and more to assist business and industry in interpreting their policy statements regarding the referral of employees who require a treatment program. Division staff must assist in deciding such matters as when an employee is fit to return to work, when an employee should be suspended and, in some cases, when to terminate employment. At all times, of course, the decision of a suspension or dismissal rests with the company or industry and is based on the performance record of the employee.

Documentation, Evaluation and Research Division

A major activity during 1986–87 included conducting surveys of Grade 7–12 students on alcohol and other drug use and analyzing the results. In addition to Halifax, Pictou County was surveyed, with work carried out in collaboration with professors Wayne Mitic and Don McGuire of the School of Recreation, Physical and Health Education at Dalhousie University. Due to continuing community interest in the drug use patterns of adolescents, a comprehensive provincial survey is planned for 1989.

The Commission's Long Range System Plan was advanced through a situation analysis of the library's requirements for automated procedures in, for example, cataloguing. Implementation of the plan will result in improved information services to support staff development and public education efforts.

In the area of impaired driving, the coordinator of the Division represents the Commission on the Premier's Task Force Against Drunk Driving and represents the Province on Health and Welfare Canada's

National Steering Committee on Impaired Driving. This long-term initiative will not only provide new research on impaired driving issues, but will also support increased program development for community-based initiatives on impaired driving issues.

Additional activities during the past fiscal year included planning evaluation activities for adolescent treatment programs when these become implemented, maintaining treatment and rehabilitation service delivery information, and participating in ongoing policy and program concerns.

Prevention and Community Education Division

The Prevention and Community Education Division serves the community through an integration of five service areas: School and Youth, Training and Staff Development, Public Information, Library and Field Services. These services work alongside the members of the communities of Nova Scotia to develop a response to their needs.

With the increase in awareness of drug issues comes an increase in the diversity of groups requesting assistance to develop positive responses. The local committees and the field representatives make up the strongest community resource team of the Commission. These citizen groups build community awareness throughout the year. Other groups representing service clubs, churches, teachers, recreation associations, school boards, allied health professionals, law enforcement officers, servers of alcoholic beverages, parents, young people—people from all walks of life—have also worked to develop programs for their peers and those they serve. The goal throughout the year has been to develop the skills and resources of the communities to maintain an active concept of drug information and education.

The Commission had the privilege of honouring the volunteers in 1986 during the second annual presentation of special awards to those who made a significant contribution to prevention and treatment of drug dependency in the province.

- The Award of Distinction was presented to three volunteers: St. Vincent de Paul Society (Hope Cottage), Gerald Sheehy, D.V.M., and Graham W. Dennis, Q.C. This is the highest accolade that can be paid to a volunteer of the Nova Scotia Commission on Drug Dependency. In very exceptional cases, the Commission presents the Award of Distinction for an outstanding and superior contribution to the field of drug dependency.

- The Award of Merit was presented to nine volunteers who had given ten years of unbroken quality service.

- The Nova Scotia Commission on Drug Dependency identification pin was made available to friends of the Commission, particularly those who help the Commission's work.

The recognition of volunteers highlights the fact that citizens from all areas of Nova Scotia give generously of themselves to strengthen their communities.

The Prevention and Community Education Division has increased the development of community resources by providing information and training experiences. The key element has been to encourage community members to pass on their information and skills to others within their area. This development of strong local resources has the potential for providing year-round drug information and education throughout Nova Scotia.

School Services

Youth and School Services

Peer Drug Education

Peer drug education continues to expand throughout the province. During this fiscal year, peer education programs were active in 19 out of the 22 school boards, with 46 participating senior high schools. The Commission provides the training for all peer educators throughout the province, but the schools and their communities deliver the programs and have a sense of ownership.

In the Metropolitan/Lunenburg and Western regions, the Program was translated into French so the material would be suitable for Francophone schools.

The table below indicates the growth of the program since its implementation in Nova Scotia.

Peer Drug Education, 1981–1987

School Year	Number of Senior High Peer Educators	Estimated Number of Junior High Peer Educated Students
1981–1982	36	690
1982–1983	54	1120
1983–1984	83	1695
1984–1985	195	3650
1985–1986	335	5920
1986–1987	500	7650

The successful continuation and growth of the Peer Education Program is a result of the dedication and enthusiasm of teachers, guidance counsellors, school administrators and regional staff.

Parent Drug Education

Two groups of parent facilitators were trained in two regions, Cape Breton and Western, to deliver the "Choosing About Using: Parent Peer Drug Education" program. Metropolitan/Lunenburg regional staff conducted the Parent Drug Education Program four times. Successful delivery by two previously trained parent facilitators also occurred in the Lunenburg area. Peer education is evidently an effective vehicle for parent drug education and will be developed further to meet increasing demand.

Community Outreach Program

Three successful Community Outreach Team Training Programs were conducted in the Lunenburg County School Board District in alliance with a long-term plan for community-based drug education in that area. Each school now has a core of trained teachers to facilitate action planning and inservicing. School board members and administrators actively participated and intend to follow through with the long-term strategy.

Inservice Programs

The School Inservice Program continues to play an important part in the development of educational resources. A total of 750 teachers attended inservices during the year.

Training and Development

The Training and Development Section provides learning experiences for staff, allied health and social service professionals, and volunteers. The following were the major events of 1986–87.

Addiction Counselling Workshop

This three-day workshop focused on the fundamental one-to-one counselling knowledge and skills that are essential to the development of a therapeutic counselling relationship. From November 1984 to August 1986, the course was offered eight times, attended by 77 nurses, counsellor attendants and community health workers. A one-day "refresher" course is currently being developed.

Adolescent Counselling Workshop

The four-day workshop on adolescent development, adolescent chemical use and dependency, assessment procedures and counselling techniques was conducted by David Zarek of the Johnson Institute and was attended by staff of the Commission, Correctional Services and addiction agencies in the other Atlantic provinces.

Adolescent Treatment Field Test Training

Two two-day training events were designed to orient the team of Commission staff and Correctional services staff to the treatment and security issues involved in the upcoming Adolescent Treatment Field Test with young offenders.

Intervention Training (Universities)

This one-day training event to prepare university residence assistants in early recognition of drug problems, effective intervention, crisis management and referral was delivered to approximately 220 students in five universities between August 1986 and February 1987.

Orientation to Chemical Dependency

This four-day course provides basic knowledge, as well as skills in early identification, intervention, referral and follow-up of individuals and families with alcohol and drug-related problems. Between April 1986 and March 1987, the course was offered six times in the Metropolitan/

Lunenburg Region, including two courses in Musquodoboit Harbour and Sheet Harbour sponsored by the two local Committees on drug dependency. A total of 125 health and social service professionals, volunteers and Commission staff completed the course.

Serving Alcoholic Beverages: A Customer Relations Approach

This three-hour training program provides staff of licensed establishments with the knowledge and skills to manage the consumption of alcohol, to prevent intoxication and, when necessary, deal with the intoxicated guest. The course was delivered throughout the province 16 times in 1986–87 to about 400 servers.

Introduction to the Micro-Computer

Through Dalhousie University, 16 Commission central and regional staff participated in a micro-computer course.

Working with Volunteers

In December, 1986, Prevention and Community Education staff participated in a workshop on recruiting and motivating volunteers.

Library Services

During 1986–87, the Library initiated a number of projects to improve the level of service extended to the communities of Nova Scotia.

Long Range Systems Plan

In 1986, Library Services introduced an ambitious five-year plan for library development. The plan was proposed to meet the expanded demand for library services:

April/84–March/85: 4,687 requests for information
April/86–March/87: 8,966 requests for information

The results of a study completed during year 1 of the plan recommended several levels of automation that would serve to enhance the services of the Nova Scotia Commission on Drug Dependency Library.

Intercom/N.S.C.O.D.D. Newsletter

The Library introduced a newsletter especially for NSCODD volunteers. The newsletter is produced four or five times a year and circulated throughout the province. Current information on drugs and regional programs, and staff news are all included. *Intercom* keeps both staff and volunteers informed about current information on drugs and drug abuse, regional programming and events, and staff changes.

Library Services Brochure

This brochure was designed to increase awareness of the specialized services offered by the NSCODD Library. It will be printed in April, 1987, and circulated throughout the province.

Media Services

The continuing goal of Media Services is to project a positive image of the Nova Scotia Commission on Drug Dependency. This goal was met by using various media—newspaper, television, radio–and with the cooperation of our local committee network and field representatives, who carry the message to the general public.

The Drug Awareness Week theme moved from a 1985 focus on Kids Care to include, in 1986, the theme of Families Care. The Drug Awareness Week tabloid, consisting of a 16-page insert, was developed in cooperation with NSCODD and Halifax Chronical Herald staff. This joint effort expressed the strength and value of cooperation between the private business sector and the Commission in bringing forward a positive prevention message to Nova Scotians. During Drug Awareness Week, Halifax-based Navy personnel became very active in promoting drug awareness. Due to this initial success, the Navy is planning even greater participation next year.

Seven one-hour videotapes on aspects of drugs were produced. The videotapes will prove to be a valuable resource for staff training as well as general information programming on the effects of drugs.

A 30-second prototype commercial was produced carrying a positive mesage concerning the drug alcohol. A 30-minute videotape on Server Intervention was developed with the help of a grant from the Department of Justice. The videotape shows some of the positive ways the service industry might help control alcohol consumption among its

customers. These innovative approaches have marked the year as one in which positive steps toward prevention are being translated into active programming.

The exciting part of this year could be summed up in the way in which government and non-government organizations, as well as other agencies, are becoming aware of the mutual advantage of cooperation. These community resources have always been willing to cooperate and now, together, we are discovering that Drug Awareness Week is an excellent vehicle for such cooperation.

Media Services has presented the visible evidence of the excellent community response to the problem of drug dependency. We take this as a sign of healthy growth in public awareness and a way of marking our path for the future.

Treatment and Rehabilitation Division

Treatment and rehabilitation services at the Nova Scotia Commission on Drug Dependency during the past year continued to be comprehensive, and documented figures show increased requests for service. During the past year, the Commission was able to implement a urine screening program in three regions, including Metropolitan/Lunenburg, Cape Breton and North Shore. Such a service acts to reinforce treatment and is only used as a therapeutic tool. It allows Commission personnel to more accurately assess the substances that have been ingested by incoming patients, as well as offering personnel an opportunity to screen patients after they have had short-term leave over the weekend. Recent tests have found that some patients, on leaving for a weekend, may return with substances in their system. When these are discovered by the use of urine screening, patients are confronted so the full effect of our program is maximized, as opposed to wasting time and energy with persons who may not be making effective use of treatment services.

Family therapy has become a major objective of Commission treatment and rehabilitation programs and, to that end, new clinical therapy staff have been selected mainly for their interest, skill and experience in family therapy. Such an approach to treatment tends to maximize the possibilities for the patient's recovery. Very often, the family itself contains within it both the seeds of illness and the potential for effective treatment in relation to the identified patient. Treatment, if it is to be successful for the patient, must involve those people with whom the patient relates on an ongoing basis at home, at work, etc. The family's impact is great

and must be considered when preparing for and delivering treatment services to the individual.

In 1986–87, the special committee formed by the executive director to deal with adolescent treatment needs completed its program design and modules for working with young people and their families. A field test, in cooperation with the young offenders program of the Department of the Attorney General was planned, as was the evaluation of that field test. It is anticipated that once the field test is completed, information obtained from this experience would be utilized to modify the module as required, and plans might then be made to develop a fully operational program in the metropolitan area.

In the area of pharmacological services, Commission pharmacologist Greg Johnstone completed a set of videotapes on drugs and their interactions and impact on behaviour. These are most useful in training and will be a valuable addition to Commission training resources. Street drug analysis continued, as did general consultations with the public and professionals. Additionally, both the pharmacologist and executive director continue to participate in teaching roles at Dalhousie University Medical School and elsewhere in the universities in the metropolitan area.

Efforts were made during 1986–87 to outline a curriculum that might be utilized at the medical school at Dalhousie University. Material has been shared with the university, and it is hoped that a program may be developed that will give leadership in the field of medical treatment of addictions in Nova Scotia.

Commission personnel continued to respond to all emergency requests, with consultations both in person and over the telephone. Also, there has been an increasing number of requests to analyze specific substances, such as cocaine.

Clinical services at the Commission require additional medical assistance. It is hoped that during the next five years the Commission will add to its clinical resources by appointing physicians, one for each of the regional programs. The physician as a clinician is an important part of the team that provides service to people who are addicted. The best mix is a combination of multi-disciplinary approaches, each of which is responsive to the patients' needs as they arise.

In summary, then, Commission treatment and rehabilitation services

were active during 1986–87, with new directions developed in the areas of working with young people and families. The addition of new clinicians, as well as the expansion of the medical services, are two important objectives during the coming years.

Cape Breton Regional Program

The year 1986 was one of program restructuring and development. While ongoing activities were maintained, the Halfway House was closed, relocated and reopened. Also, the outpatient services provided by the satellite offices throughout the region were restructured, and a new staff member was hired for the Driving While Impaired Program.

Many community-based education and prevention programs were initiated. As a result, hospitals, schools and community service agencies became involved in a variety of programs, which included employee assistance workshops, peer education, inservice training and chemical orientation programs.

The voluntary contributions of the local committees and the close cooperation of related programs, such as Talbot House, the Cape Breton Correctional Centre, University College of Cape Breton, the Adult Vocational Training Centre and other services, has greatly aided in providing services initiated by the Regional Board and the Nova Scotia Commission on Drug Dependency.

Local Committees

Communities in Cape Breton maintained an active commitment to the Nova Scotia Commission on Drug Dependency mandate to provide local involvement in drug dependency issues through education programs and community awareness meetings.

All local committees invested considerable time and interest in ensuring that the Drug Awareness Week campaign met with local recognition and success.

The following are pertinent statistics for the calendar year 1986 (as contained in Monthly Public Information Summaries):

Information Programs Delivered	179
Audience Size	7173
Pamphlets Distributed	6359*

Media Exposure	31
Audio-Visuals Utilized	49

*Does not include telephone requests for literature. Pertains to literature distributed during community education and prevention activities.

Employee Assistance Program

During 1986, the Employee Assistance Program service was active in major industries such as forestry, fishing, mining and steel. In addition, there was significant activity in developing comprehensive employee assistance programs in the hospitality industry, school boards and the Island's largest hospital.

Information and awareness sessions were conducted with teachers, school board officials, forestry personnel, police officers and fish processing employees.

Treatment and Rehabilitation

Primary Care—Detoxification

The Detox Unit maintained its 20-bed capacity during 1986. Patients were withdrawn from alcohol and/or other drugs, then went on to complete the educational and assessment component.

Staff now can more accurately assess the drug use of our patients, using urine samples obtained on admission. Some patients have a tendency to minimize their use of drugs, while others exaggerate theirs. The testing eliminates unnecessary long-term withdrawals, freeing beds more quickly.

Primary Care—Treatment Orientation Program (TOP)

As an extension of Primary Care, TOP showed an increase in the clients served. This is due, in part, to the admission of day clients to the program, as well as the inpatient clientele of the Detox Unit. Each TOP client is assessed and, to a large degree, linked to a suitable follow-up program.

Student nurses and field placement students are exposed to all facets of the Treatment Orientation Program. During the past year, 48

student nurses and four college field placement students participated in basic drug and alcohol education programs.

After Care—Residential Rehabilitation Program (RRP)

Throughout 1986, the Residential Rehabilitation Program maintained its commitment to deliver the complete treatment program as outlined in the Commission's *Treatment and Rehabilitation Program Manual.*

Through the introduction of new and revised material, the Skill Development Section of the program was updated and improved.

During the year, through workshops and on-the-job training, program staff enhanced their skills and knowledge in the areas of assessment, counselling, family violence and urinalysis. In addition to delivering the RRP, staff were actively involved in activities such as the Inter-Agency Staff Development Committee, the Adolescent Treatment Program Development Committee and in-service training sessions with Adult Probation Services personnel.

In addition, orientation and training were conducted with selected staff to prepare them for possible relief work within RRP, and field placement experience was provided to students of the MicMac B.S.W. Program and the Community Studies Program of the University College of Cape Breton.

After Care—Outpatient Department

The year 1986 was very busy for staff involved in treatment and rehabilitation. The patient load continued to be very heavy, with the added impact of the referrals generated by the new legislation on driving while impaired.

The highlights were:

- the full implementation of the education series for driving while impaired offenders, with programs in Sydney, North Sydney and Inverness;
- the ongoing restructuring of the Outpatient Department;
- the acquisition of the completed *Treatment and Rehabilitation Manual* and its implementation through ongoing in-service with staff; and

- the ongoing involvement in field placement training: B.A. in Community Studies, B.S.W. (Micmac), nursing, on-the-job training for rehabilitation services, etc.

Of most importance is the contribution of staff to the different provincial task forces: Training, Women, Adolescents, Family and Children. For some staff members the contribution was substantial in terms of time and written presentations.

After Care—Halfway House Program

Serenity House, formerly called Park House, took on a new appearance as the facility was relocated to 9 Douglas Street, Sydney. The Serenity House alumni, consisting of past and present residents, was active during the past year, sponsoring social and recreational events for the facility.

The program adopted a more structured nature and emphasizes a regular schedule to assist with recovery. The philosophy and emphasis is for residents to take responsibility. Alcoholics Anonymous and Narcotics Anonymous meetings are now being held in the facility weekly and provide residents with an opportunity to become directly involved in these self-help groups.

Recovery requires a sincere desire on the part of each person to acquire a healthy approach to a drug-free, positive lifestyle. The Halfway Program presents residents with an opportunity to point their recovery and lifestyle in the proper direction.

Documentation, Evaluation and Research

The primary goal of the past year was to reorganize client files to provide additional space for files.

A retention schedule for patient files was developed. It stipulated that patients' records are active until seven years after the last contact. In the case of minors, records are active until seven years after the minor has reached age 19, or seven years after the last contact (whichever is later).

Using these criteria, inactive files were identified and removed to an alternate location during July and August. A total of 4,027 client files (47.3%) were designated inactive. The remaining active files were reor-

ganized to provide needed space. Files will continue to be reviewed annually for this purpose.

Administration and Operations

Physical operations in the Cape Breton Region during the year were highlighted by the need to close operations in the old Halfway House at the start of the year and several months later when a new facility became available. The total cooperation of staff from the Halfway House Program, the Maintenance and the Housekeeping Departments is acknowledged with thanks. In addition, services provided by staff and residents of Talbot House in assisting with the physical transfer of furniture and equipment also played an important part. We must also thank the Department of Government Services for its assistance and support in securing new premises and having required renovations completed.

Also, during the year many staff concerns were addressed through a formal procedure in which items of concern were documented and reviewed by administrative staff. Every attempt was made to address areas of concern, either through direct action or through discussion of the problems.

North Shore Regional Program

Operations

Administratively, the North Shore Region completed the fiscal year well under budget. This was due to the number of extended staff vacancies we had in Administration, Primary Care and After Care. These vacancies had some negative effects on our ability to deliver services as well as on staff energies.

During the past year, personnel received training in management, counselling skills, Mortimer Filkins testing, adolescent treatment, reality therapy and they also participated in the Introduction to Computers course and the Orientation to Chemical Dependency Program. In addition, community health workers participated in a special week of programs dealing with ways to ease the danger of "burn-out".

Treatment and Rehabilitation

Primary Care

There have been increases in the number of those entering treatment for the first time, and in the number entering the Treatment Orientation Program. Linked with the above is the increased percentage of individuals 30 years of age and under who are seeking treatment.

After Care

Outpatient offices in general have experienced an increase in their caseloads during the past year. One exception is the Pictou-New Glasgow office, which was understaffed for the full year due to vacant positions.

To this point we have received a total of 497 Driving While Impaired (DWI) referrals; of that number, 145 have made contact with our facilities.

Recovery House increased by one bed its capacity to treat women. This facility functioned steadily despite staff shortages. At present an administrative director is being sought.

Prevention and Community Education

Schools

This past year marked the heaviest involvement in the Education system in North Shore history. The activities included programs such as peer education, safe grad/safe summer seminars, celebrations, teacher in-services and the Choosing About Using Parent Education Program. In addition, the "Hole In The Fence Program" was formally established in six elementary schools.

Community

A second local committee has been established in Pictou County, and the Antigonish Committee has been totally reorganized and reactivated. All other local committees are active and have had a significant impact on their communities during the past year.

An interesting development has been that a Westville parent/teacher organization has formed a drug awareness subcommittee, which it will

fund and support, while working with the Regional Program.

For the first time, Server Intervention courses were given at St. Francis Xavier University, as well as in Stellarton and in Truro. Also, resident counsellors and assistants at St. F.X. attended Information Workshops.

As usual, staff responded to requests for speakers from service clubs, church groups, manpower job entry courses, well women clinics, probation workers, hospitals, women's centres, Ala-Teen workshops and police departments.

Metropolitan/Lunenburg Regional Program

During 1986–87 a number of specific programs and services were implemented and operationalized more fully. In addition, a new management position was created in August, 1986, providing for some interesting and exciting possibilities for casework supervision. The emphasis for this casework supervisor is toward quality assurance in the area of treatment. The use of co-therapy, audiotapes and videotapes, and ongoing individual and peer supervision, should ensure continued growth and development of clinical skills among staff.

Impaired Driver Programs

A number of secondary treatment programs were offered to second and subsequent impaired drivers who were deemed to be only in the early stages of alcohol abuse. This program consists of five two-hour sessions designed to meet the needs of this particular group.

The intention of staff is to look toward the future and make some recommendations that the spouses of the participants could also benefit from attending the program.

As well, staff are designing a specific five-day treatment orientation program for those impaired drivers who require more formalized ongoing treatment.

Clinical Research Project

A clinical research project, namely a Beta Blocker study, is currently underway. For those patients who qualify, the project will study the effects of adding a beta blocker (Nadolol) on a regular basis in treating

specific withdrawal symptoms, rather than when required, as is sometimes done in severe withdrawal. This is a double-blind study in which neither the patients nor the staff know whether the patient is receiving the beta blocker or an identical placebo tablet. Patients are carefully screened, and written consents are obtained before entering into the study. Also, specific data are recorded by the registered nurses involved in the study.

Should the research meet its objectives, the outcome would have some significance not only in shortening the recovery time in withdrawal, but also in making for a more effective recovery over time.

Naloxone Testing and Treatment of Opiate Dependency

A specific protocol has been developed for the treatment of opiate-dependent individuals. This protocol details all aspects of assessment screening, medical and laboratory investigation, treatment agreements and the resulting procedures necessary to treat opiate dependency.

An integral part of assessment and screening of opiate-dependent patients is the use of Naloxone testing to determine, objectively, the extent of physical dependency that actually exists and the amount and type of drug that may be needed in subsequent withdrawal and management.

Naloxone is an opiate antagonist that rapidly blocks the effects of opiates, thus precipitating symptoms of withdrawal within a short period of time if a physical dependency exists. This test is given under medical supervision at the Dartmouth General Hospital and has proven to be an invaluable tool in effectively assessing and treating opiate dependency.

Dedicated Detox Bed

As in 1984–85, Detox staff continued to maintain (hold) one detox bed exclusively for referrals from the Nova Scotia Hospital and the Dartmouth General Hospital. During 1986–87, this dedicated detox bed became available to the Victoria General Hospital. This has enabled Detox staff to service better and to assist the needs of some of the local hospital emergency or admitting departments in dealing with alcohol and alcohol-related problems. This method of bed utilization has also served to improve public relations between the Detox Centre and the medical community.

Spryfield Outpatient Clinic

A new outpatient office was opened in September, on a part-time basis, in the Captain William Spry Multi-Service Centre. A therapist is now available three days per week, which to some extent has helped decrease the caseloads in the Halifax office. The new centre in Spryfield offers many resources to its occupants; space for programming is abundant and the resources of the other agencies make community development a priority.

Valley Health Services Association Program

Detoxification Services

There were 285 patients admitted to this service during the year. A total of 23 left against medical advice prior to completion of treatment, a decrease from 32 during the previous year.

We have seen a definite increase in out-of-catchment referrals, especially from physicians. These referrals are integrated so as not to jeopardize treatment requested from our primary catchment area, which includes Annapolis, Kings and West Hants counties.

We have also seen an increased number of patients admitted for a five-day assessment and treatment orientation program. Generally speaking, these patients are younger, with problem drinking and substance abuse not requiring detoxification as such. This program allows them to initiate a plan of recovery before the middle or late stages of the disease. We are pleased to announce no increase over last year in the number of individuals seeking help for cocaine abuse.

Detox staff are grateful for the attention given to our patients by the roster doctors and specialists Dr. Holden, Dr. Stern, Dr. Marsters, Dr. Watt and Dr. Garvey.

Crosbie House 28-Day Program

The 28-Day Program had an average daily attendance of 11 during the year. Of the 136 admissions to the program, the male-female ratio remained practically the same as last year—75% male and 25% female.

The majority of the patients, 74%, or 101, were referrals from the Crosbie Centre staff. Of the remaining 26%, 17 were referrals from other

drug dependency regions, 11 were referred by employers and 7 were self referrals.

In view of Dr. Regan's findings, some changes were made in program content. During the first week of the program, videos, lectures and discussions on the disease aspect of addictions were increased. In the remaining three weeks, more emphasis was placed on the need for total abstinence and a strong Alcoholics Anonymous-oriented follow-up program. All patients are given reading assignments from AA literature and are encouraged to purchase their own AA books. Patients attend three AA meetings per week while on program.

Again this year, we are grateful for a generous donation from St. Stephen and St. Paul's United Church, which enabled us to hire a part-time chaplain for our program.

Outpatient Services

Again this year, there has been an increase in the number of people seen on an outpatient basis. These include addicted persons, codependent individuals and adult children of alcoholics. We are pleased to announce that this latter group has organized itself into a self-help group and meets weekly at Pioneer House. The weekly Family Night and the two-day Family Seminars continue to be well attended.

During the year, 120 drivers were referred to us by the Department of Transportation, but only 37, or 31%, came in for interviews. Since the beginning of this program 315 individuals have been referred, but only 115 have presented themselves for an assessment.

Education and Health Promotion

It has been an extremely busy year for this service. The education and health promotion coordinator spent 37% of her time on school activities and 24% providing services to the community. Three Peer Drug Education Programs and six Safe Graduation Programs were conducted in our catchment area. Ten One-Day Seminars were held for students referred by the Discipline Committee of the Kings County School Board. In Annapolis County, 13 Life Skills Programs were delivered to high school students. The length of each of these programs is four consecutive days.

Two new preventive programs are being considered for this fall. One is called "TED" (Team to Eliminate Drinking and Driving) and the

other "TADD" (Teens Against Driving Drunk).

The education and health promotion coordinator is grateful for the support received from the RCMP, Annapolis Valley Radio, school personnel, service clubs and community volunteers.

We were pleased with the results of the recent Kings County School survey, which showed a significant decrease in the use of alcohol and drugs among the student population.

The coordinator of the Employee Assistance Program held 24 sessions with new staff during the year. Nine employees presented themselves on a voluntary basis to seek help and one was referred on a mandatory program.

After Care Services

There are presently 267 community volunteers or contact persons on our mailing list. Of these, 111 are active, inasmuch as they are currently involved with one or more patients. Meetings with contact persons were reduced from nine per quarter to seven, combining Kingston with Middleton and Bridgetown with Annapolis.

The "Guidelines" for contact persons is presently under revision for clarification. Communication is in process with Alcoholics Anonymous, both locally and in New York, to assure that the rights, roles and goals of both bodies, AA and Valley Health Services, are understood, with a view of making even more harmonious the good relationship already in place.

During the next fiscal year, we will be looking at the possibility of establishing a Crisis Intervention Centre for adolescents. This would be a joint project among the Crosbie Centre, Kings County School Board and other community agencies.

In conclusion, the Advisory Council wishes to thank the Miller Hospital board and the administration for their continued interest in and support for the Crosbie Centre. We are also grateful to the 19 staff members for their dedication and the care they are providing to drug-dependent individuals and their families.

Western Regional Program

Treatment and Rehabilitation

During 1986, outpatient services in the four-county region were centered in Digby, Clare, Yarmouth, Shelburne and Liverpool. All centres were staffed with both a clinical therapist and a community health worker, with the exception of Shelburne, where only the community health worker was available on a full-time basis. In this instance, the clinical therapist from Liverpool travelled to Shelburne one day a week to provide some additional services to both Commission clients and to the Shelburne Youth Centre.

In addition to the above, an increase in providing follow-up services to other small centres continued with the community health worker in Digby available on a bi-weekly basis at the Meteghan Medical Centre, and the Shelburne community health worker available one half day per week at the Clark's Harbour municipal offices serving the Barrington area.

In Shelburne, one day per week is provided by the community health worker to the Shelburne Youth Centre, assisting their staff in assessments and referrals of their clients who have alcohol- and drug-related problems.

The Commission's Western Regional Program and the Addiction Treatment Unit at the Yarmouth Regional Hospital continued to liaise very closely with staff, providing in-depth assessments for hospital clients who participated in the five-day orientation program, and in providing continuing outpatient therapy following their discharge.

Prevention and Community Education

The Prevention and Community Education component had an active year. The Drug Awareness Week campaign had programs organized in most of our communities; the Peer Education Program reached ten of our eleven high schools; and seven local committees were active focusing awareness efforts through local cable television and our community newspaper. Several seminars were offered such as Orientation to Chemical Dependency, Server Intervention, Safe Graduation, Parent Peer Drug Education and Western's first Volunteer Training Workshop.

Client Statistics

Table 1
Selected Client Characteristics, by Region
April 1, 1986–March 31, 1987

Characteristics	Cape Breton %	North Shore %	Metropolitan/ Lunenburg %	Valley %	Western %
Age					
Under 14	—	0.1	0.2	0.3	—
14–18	3.6	4.9	4.5	2.7	4.5
19–24	11.5	11.8	10.5	10.4	15.5
25–34	23.4	25.7	31.6	25.2	32.4
35–44	27.8	25.5	26.1	28.1	24.2
45–54	17.9	18.1	15.6	20.3	12.6
55–64	11.3	9.2	8.5	8.3	7.4
65+	4.4	4.2	2.7	4.6	3.2
No age given	0.1	0.5	0.3	0.1	0.2
Sex					
Male	83.9	83.4	81.8	80.7	77.2
Female	16.1	16.6	18.2	19.3	22.8
Labour Force Participation					
Employed full-time	25.2	32.6	37.6	39.7	27.6
Employed part-time	6.4	6.3	4.7	3.9	6.4
Employed seasonally	4.6	5.7	3.3	5.6	14.3
Homemaker	3.6	3.9	4.4	4.4	6.8
Student	3.3	5.5	5.3	3.6	6.0
Disabled	10.6	5.5	4.7	5.9	4.2
Retired	6.2	4.7	3.2	5.3	4.2
Unemployed	33.5	34.2	33.8	31.5	30.3
Not recorded	6.6	1.6	3.0	0.1	0.2
Total No. of Clients	1400	1484	2250	701	530

Table 2
Client's County of Residence by Region Where Treated
April 1, 1986–March 31, 1987

County	Cape Breton	North Shore	Metropolitan/ Lunenburg	Valley	Western
Annapolis	2	3	3	106	9
Antigonish	11	168	10	—	4
Cape Breton	1042	53	22	8	2
Colchester	3	299	28	6	3
Cumberland	1	219	4	—	—
Digby	3	—	4	7	180
Guysborough	5	54	3	1	—
Halifax	9	46	1726	50	—
Hants	—	22	84	185	—
Inverness	162	56	4	1	1
Kings	2	2	10	289	2
Lunenburg	1	1	290	22	1
Pictou	5	512	13	4	—
Queens	1	1	11	1	98
Richmond	47	27	1	1	1
Shelburne	1	—	12	1	66
Yarmouth	—	2	5	9	163
Victoria	97	3	1	—	—
Out-of-province	4	12	12	8	—
Not recorded	4	4	7	2	—
TOTAL	1400	1484	2250	701	530

Table 3
Detox Utilization: Number of Individuals and Discharges, by Sex
Cape Breton
April 1, 1986–March 31, 1987

No. of Detox Discharges in 1986	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	459	72.9	459	49.9	61	66.3	61	43.5	520	72.0	520	49.1
2	106	16.8	212	23.0	20	21.8	40	28.6	126	17.5	252	23.8
3	39	6.2	117	12.7	6	6.5	18	12.9	45	6.2	135	12.7
4 or more	26	4.1	132	14.4	5	5.4	21	15.0	31	4.3	153	14.4
TOTAL	630	100.0	920	100.0	92	100.0	140	100.0	722	100.0	1060	100.0

Table 4
Number of Clients in Inpatient Treatment Programs, by Sex
Cape Breton
April 1, 1986–March 31, 1987

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	347	54	401
Inpatient, no detox	10	—	10
Daypatient, no detox	93	14	107
Residential Rehabilitation (28-day) Program			
Inpatient	72	19	91
Park House	27	6	33
Talbot House	30	—	30

Note: Since clients may attend more than one program, the sum of columns is not equal to the total number of clients in all treatment programs tabulated.

Table 5
Number of Clients, by Sex and Total Contacts, Outpatient Services
Cape Breton
April 1, 1986–March 31, 1987

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Central	292	94	386	1587
Port Hawkesbury	67	20	87	946
North of Smokey	30	4	34	198
Inverness	58	7	65	1012
Glace Bay	208	16	224	1427
Northside/Victoria	104	21	125	876
Sydney	136	49	185	1191

Table 6
Detox Utilization: Number of Individuals and Discharges, by Sex
North Shore
April 1, 1986–March 31, 1987

No. of Detox Discharges in 1986	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	361	76.1	361	55.4	66	75.8	66	56.4	427	76.1	427	55.5
2	75	15.8	150	23.0	14	16.1	28	23.9	89	15.9	178	23.2
3	23	4.9	69	10.6	5	5.8	15	12.8	28	5.0	84	10.9
4 or more	15	3.2	72	11.0	2	2.3	8	6.9	17	3.0	80	10.4
TOTAL	474	100.0	652	100.0	87	100.0	117	100.0	561	100.0	769	100.0

Table 7
Number of Clients In Inpatient Treatment Programs, by Sex
North Shore
April 1, 1986–March 31, 1987

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	175	42	217
Inpatient, no detox	146	19	165
Daypatient, no detox	30	6	36
Residential Rehabilitation (Recovery House)			
Inpatient	148	25	173

Note: Since clients may attend more than one program, the sum of columns is not equal to the total number of clients in all treatment programs tabulated.

Table 8
Number of Clients, by Sex and Total Contacts, Outpatient Services
North Shore
April 1, 1986–March 31, 1987

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Pictou/New Glasgow	354	84	438	3451
Amherst	166	32	198	2874
Antigonish	151	36	187	2226
Truro	308	52	360	2562

Table 9
Detox Utilization: Number of Individuals and Discharges, by Sex
Metropolitan/Lunenburg
April 1, 1986–March 31, 1987

No. of Detox Discharges in 1986	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	544	74.8	544	51.9	100	80.0	100	62.1	644	75.5	644	53.3
2	115	15.8	230	22.0	17	13.6	34	21.1	132	15.5	264	21.8
3	36	4.9	108	10.3	5	4.0	15	9.3	41	4.8	123	10.2
4 or more	33	4.5	165	15.8	3	2.4	12	7.5	36	4.2	177	14.7
TOTAL	728	100.0	1047	100.0	125	100.0	161	100.0	853	100.0	1208	100.0

Table 10
Number of Clients in Inpatient Treatment Programs, by Sex
Metropolitan/Lunenburg
April 1, 1986–March 31, 1987

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	93	10	103
Inpatient, no detox	228	35	263
Daypatient, no detox	54	13	67
Residential Rehabilitation (28-day) Program			
Inpatient	104	21	125
Daypatient	3	—	3

Note: Since clients may attend more than one program, the sum of columns is not equal to the total number of clients in all treatment programs tabulated.

Table 11
Number of Clients, by Sex and Total Contacts, Outpatient Services
Metropolitan/Lunenburg
April 1, 1986–March 31, 1987

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Central	325	73	398	1226
Halifax	586	149	735	4452
Cobequid	176	20	196	861
Bridgewater	219	58	277	1557
Eastern Shore	149	60	209	3304
Spryfield	24	6	30	48

Table 12
Detox Utilization: Number of Individuals and Discharges, by Sex
Miller Hospital, Valley
April 1, 1986–March 31, 1987

No. of Detox Discharges in 1986	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	191	88.4	191	78.6	39	97.5	39	95.1	230	89.8	230	81.0
2	23	10.7	46	18.9	1	2.5	2	4.9	24	9.4	48	16.9
3	2	0.9	6	2.5	—	—	—	—	2	0.8	6	2.1
4 or more	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	216	100.0	243	100.0	40	100.0	41	100.0	256	100.0	284	100.0

Table 13
Number of Clients, by Sex,
Crosbie House
Valley
April 1, 1986–March 31, 1987

Males	Females	Total
111	29	140

Note: Since clients may attend more than one program, the sum of columns is not equal to the total number of clients in all treatment programs tabulated.

Table 14
Number of Clients, by Sex and Total Contacts, Outpatient Services
Valley
April 1, 1986–March 31, 1987

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Kentville	360	92	452	2181
Middleton	98	23	121	1445
Windsor	133	29	162	1387

Table 15
Detox Utilization: Number of Individuals and Discharges, by Sex
Western
April 1, 1986–March 31, 1987

No. of Detox Discharges in 1986	Males				Females				Total			
	Individuals		Discharges		Individuals		Discharges		Individuals		Discharges	
	N	%	N	%	N	%	N	%	N	%	N	%
1	96	91.4	96	84.2	24	92.3	24	85.7	120	91.6	120	84.5
2	9	8.6	18	15.8	2	7.7	4	14.3	11	8.4	22	15.5
3	—	—	—	—	—	—	—	—	—	—	—	—
4 or more	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL	105	100.0	114	100.0	26	100.0	28	100.0	131	100.0	142	100.0

Table 16
Number of Clients in Inpatient Treatment Programs, by Sex
Western
April 1, 1986–March 31, 1987

Treatment Program	Males	Females	Total
Treatment Orientation Program			
Inpatient, with detox	59	17	76
Inpatient, no detox	57	19	76

Note: Since clients may attend more than one program, the sum of columns is not equal to the total number of clients in all treatment programs tabulated.

Table 17
Number of Clients, by Sex and Total Contacts, Outpatient Services
Western
April 1, 1986–March 31, 1987

Outpatient Service	Number of Clients			Total Contacts
	Males	Females	Total	
Queens County	65	39	104	759
Digby County	136	40	176	1935
Shelburne County	42	18	60	324
Yarmouth County	144	35	179	1077